

| |
|--|
| SOQ ELIGIBILITY REQUIREMENTS MATRIX |
|--|

Complete the following Eligibility Requirements Matrix. Check YES or NO indicating whether the agency provides each of the services as required and respond to each of the questions in the space directly below each question. Limit response to seven (7) pages. For your convenience, this is available as a separate template document on the website <http://www.SPD.ocgov.com/Domestic.aspx>.

| | |
|---|--|
| 1. Agency capability to augment county funds for Domestic Violence Program | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A. Describe your program's funding resources (including governmental, voluntary, philanthropic or other) over the last three (3) years: | |
| B. Discuss how your organization will acquire additional funding to serve victims of domestic violence: | |
| C. Describe formal/informal partnerships your agency has with other organizations: | |
| D. Identify innovative ways your program has expanded and developed in the last three (3) years: | |
| 2. Shelter on a 24 hours/day, seven (7) days/week basis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A. Describe how you maintain your shelter in an undisclosed and secure location: | |
| B. How many adult beds does the shelter currently have: Total: _____ | |
| C. What is a client or family's average length of stay? Total Number of Days: _____ | |
| D. What is a client or family's maximum length of stay? Total Number of Days: _____ | |
| E. Identify the minimum number of individuals (staff and volunteers) who will be on duty at the shelter both during regular working hours (9:00 AM and 5:00 PM) and throughout the remainder of the day/night: | |
| F. Special Outreach: Identify sizable non-native born communities and/or special populations you serve. Explain how your organization will make it known to each of these communities that they | |

may access your services. State specific outreach partners/resources. Explain how any services provided to them and/or your outreach messages to them will be customized. Identify no more than three (3) communities.

3. A 24 hours/day, 7 days/week switchboard for crisis calls (hotline)

Yes No

A. Explain how staff and volunteers are trained to answer the hotline, including how long the hotline training will be in terms of hours:

B. Describe the languages that are spoken fluently by personnel responding to calls from the hotline:

4. Temporary housing and food facilities

Yes No

Describe:

5. Psychological support and peer counseling

Yes No

A. Describe how your agency provides psychological support and peer counseling:

B. Identify how many unduplicated clients you estimate will receive individual and peer group counseling during FY 2007-2008: Individual: _____ Peer Group: _____

6. Referrals to existing services in the community

Yes No

Describe:

7. Drop-In Center

Yes No

| | |
|---|--|
| A. Describe the types of services that are provided to clients through this center: | |
| B. Describe how clients access services outside of normal business hours (i.e., before 9 a.m. and after 5 p.m. as well as on weekends): | |
| C. Identify how many unduplicated clients you estimate will receive services through the Drop-In Center during FY 2007-08: Total: _____ | |
| 8. Arrangements for school aged children to continue their education | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe: | |
| 9. Emergency Transportation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe: | |
| 10. Medical care | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe: | |
| 11. Legal Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe your arrangement for legal assistance, including but not limited to restraining orders and custody disputes: | |
| 12. Other social services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe how you provide information regarding other social services, including but not limited to court and social advocacy: | |
| 13. Services to domestic violence victims with a physical disability | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Describe: | |
| 14. Advocacy with social services agencies, schools, and law enforcement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe how your staff works with these entities in an advocacy capacity for your clients: | |
| 15. Achievement of community support and acceptance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe how your staff advocates for the program to community representatives: | |
| 16. Personnel and Volunteer Requirements | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A. Describe how you utilize volunteers and the services they provide or assist in providing: | |
| B. Describe how your staff and volunteers meet the training requirements set forth in Section 1037.1 of the Evidence Code: | |
| C. Identify relevant work history, academic education and domestic violence related education and training attained by – | |
| <ul style="list-style-type: none"> ➤ the Shelter Manager: ➤ the senior staff person physically based at your Drop-In Center: ➤ other staff who will be funded under this grant who will provide direct service delivery to clients: | |
| D. Describe efforts made to recruit formerly battered spouses as staff members: | |
| 17. Personnel's language capability other than English | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Indicate if any staff who will be providing direct DV services at your organization speaks any languages other than English. State the name of the staff and language(s):